## RT B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

	correspondence includired below or directed other		specifying a new corn	espondence address;	and/or	(b) indicating a sep	correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPOND	Fo	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
OLIFF & BER P.O. BOX 32083 ALEXANDRIA		DOB NO SI ac	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
		THE PARTY IN				(Depositor's name)		
						(Signature)		
		L				(Date)		
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/537,807 06/07/2005 Fumihiko Kishima						124171	6502	
FITLE OF INVENTION: FRONT BODY STRUCTURE OF VEHICLE 02/25/2008 MBELETE2 00000004 10537807								
				01 FC 02 FC	1501 1504		1440.00 OP 300.00 OP	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE .	
nonprovisional	NO	\$1440	\$300	\$0		\$1740	04/02/2008	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS					
TO, TOAN C 3616			280-784000					
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 101iff & Berridge, PLC.								
CFR 1.363).  Change of corresp Address form PTO/SI	ondence address (or Cha B/122) attached.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a						
"Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.	lication (or "Fee Address 22 or more recent) attack	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Toyota Jidosha Kabushiki Kaisha Toyota, Japan								
Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government								
4a. The following fec(s) are submitted:  4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)								
☐ Issue Fee ☐ ☐ A check is enclosed. CK# 202550 ☐ Payment by credit card. Form PTO-2038 is attached.								
Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0461 (enclose an extra copy of this form).								
5 Change in Entity Sta	tus (from status indicate	ed above)	Overpayment, to De	posit Account Ivanio		O401 (chelose	an extra copy or time form).	
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
NOTE: The Issue Fee ar interest as shown by the	nd Publication Fee (if records of the United St	uired) will not be accepte ates Patent and Trademark	d from anyone other that Office.	n the applicant; a reg	istered	attorney or agent; or	the assignee or other party in	
Authorized Signature RIFM. Date February 22, 2008								
	Typed or printed name Robert M. Jackson Registration No. 46,796							
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process)								

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.